Dear Graduate Student:

Health Services would like to welcome you to Boston College. Below you will find an Immunization form, a TB Screening/Testing Form, along with an informational Fact Sheet titled “Meningococcal Disease and College Students” from Massachusetts Department of Public Health. The state of Massachusetts requires that graduate students entering college must submit proof of the following:

- Tetanus, Diphtheria, Pertussis (Tdap) vaccine one time booster after 6/2005 required for all incoming students. If Booster date is \( \geq 10 \) years, a Td vaccine date must also be included.
- 2 MMR (measles, mumps, rubella) vaccines (these doses must be given at least four weeks apart beginning at or after 12 months of age). Laboratory proof of immunity is acceptable. Birth before 1957 in the US is also acceptable for college students with the exception of health science students.
- Hepatitis B Vaccine Series (a total of 3 vaccines at varying intervals)
- A reliable history of varicella disease documented by a health care provider, or 2 doses of Varicella vaccine, or laboratory proof of immunity with the following exception: Birth before 1980 in the US is acceptable with the exception of health science students
- Required for graduate students living in campus housing: 1 dose of Meningococcal MCV4 vaccine (Menactra, Menevo) or MPSV4 vaccine (Menomune) within the past 5 years or a completed waiver which can be found on line at [http://www.bc.edu/offices/uhs/forms/immunization.html](http://www.bc.edu/offices/uhs/forms/immunization.html)
- Completion of the Tuberculosis Screening/Testing Form

**PLEASE DOWNLOAD THE FORMS** ([http://www.bc.edu/offices/uhs/forms/immunization.html](http://www.bc.edu/offices/uhs/forms/immunization.html)),

**COMPLETE AND RETURN BY AUGUST 1ST TO:**

**IF United States Postal Service Mail to:**
BOSTON COLLEGE, HEALTH SERVICES Rm. 005, 140 COMMONWEALTH AVE, CHESTNUT HILL, MA 02467

**IF FEDEX, UPS or Private Courier Mail to:**
BOSTON COLLEGE, HEALTH SERVICES Rm. 005, 2150 COMMONWEALTH AVE, BRIGHTON, MA 02135

Failure to submit your forms before the start of classes will result in a hold on your registration and an administrative late fee of $70 will be charged to your student account.

The information you submit will be maintained by the University Health Services in the strictest confidence and will provide the basic data essential to your care. Our privacy policy is posted on [www.bc.edu/health_services](http://www.bc.edu/health_services), along with details of all our medical services.

Health insurance is mandatory in Massachusetts, and each year Student Services will automatically bill your student account for the BC sponsored medical insurance plan. Please visit the Student Services Medical Insurance Insurance website for an explanation on who is eligible to waive and the process to waive this plan: [http://www.bc.edu/offices/stserv/financial/medinsurance.html](http://www.bc.edu/offices/stserv/financial/medinsurance.html)

Yours truly,

Thomas I. Nary, M.D.
Director
University Health Services
Massachusetts law requires proof of the following immunizations to be on file thirty days after classes begin.

A FEE OF $70.00 WILL BE APPLIED TO YOUR STUDENT ACCOUNT IF FORMS ARE INCOMPLETE BY THIS DATE

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Date 1: Month/Day/Yr</th>
<th>Date 2: Month/Day/Yr</th>
<th>Date 3: Month/Day/Yr</th>
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<tbody>
<tr>
<td>HEPATITIS B Series of three doses</td>
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<td>MENINGOCOCCAL 1 dose of MCV4 (Menactra, Menveo) or MPSV4 (Menomune) within the past 5 years or signed waiver required for residential students</td>
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<td>MMR Vaccine - Two doses required (doses must be given at least four weeks apart beginning at or after 12 months of age) Birth in the US before 1957 is acceptable with the exception of health science students.</td>
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<td>RUBELLA</td>
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<tr>
<td>Tetanus, Diphtheria, Pertussis (Tdap) One Time Booster after 6/2005 required for all incoming students. If Booster date is ≥10 years, a Td vaccine date must also be included.</td>
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<td>VARICELLA Health care provider documented incidence of disease or two doses of vaccine or positive titer. Birth in the US before 1980 is acceptable with the exception of health science students.</td>
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<tr>
<td>PPD required for CGSON and for anyone who answered Yes to TB Screening/Testing Form (Refer to TB Screening/Testing Form)</td>
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</table>

The Immunizations that are CAPITALIZED are REQUIRED!

**Required Immunizations:**
- Hepatitis A & B Combined
- Tetanus, Diphtheria, Pertussis (Tdap)
- Varicella
- PPD

**Optional Immunizations:**
- Mumps
- Rubella
- Polio
- Typhoid
- Yellow Fever
- HCV

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<tr>
<th>ITIERS</th>
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<th>Immune</th>
<th>Not Immune</th>
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<td>Measles IGG AB</td>
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<td>Mumps IGG AB</td>
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<td>Rubella IGG AB</td>
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<td>Hepatitis B Surface Antibody</td>
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<tr>
<td>Varicella IGG AB</td>
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A healthcare provider MUST sign this form to verify dates. Please complete and return by August 1st to address above.

Print Provider’s Name: ________________________  Provider’s Signature: ________________________

Provider’s Phone #: (______) _______ Date: ___
BOSTON COLLEGE UNIVERSITY HEALTH SERVICES
TUBERCULOSIS (TB) SCREENING/TESTING FORM

Date: ___________________ Name: ___________________

Eagle ID#: ___________________ Last ___________________ First ___________________ Date of Birth: ___________________

Cell Phone: ___________________ Email: ___________________

Please refer to this list of countries below when responding to questions #4 and #5

<table>
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<tr>
<th>Afghanistan</th>
<th>Congo</th>
<th>Iran (Islamic Republic of)</th>
<th>Namibia</th>
<th>Solomon Islands</th>
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<td>Iraq</td>
<td>Nauru</td>
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<td>Democratic People's</td>
<td>Kazakhstan</td>
<td>Nepal</td>
<td>South Sudan</td>
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<td>Republic of Korea</td>
<td>Kenya</td>
<td>Nicaragua</td>
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<td>Democratic Republic of the</td>
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<td>Azerbaijan</td>
<td>Djibouti</td>
<td>Kyrgyzstan</td>
<td>Northern Mariana Islands</td>
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<td>Dominican Republic</td>
<td>Lao People's Democratic</td>
<td>Pakistan</td>
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<td>Eritrea</td>
<td>Liberia</td>
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<td>Trinidad and Tobago</td>
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<td>Bolivia</td>
<td>Estonia</td>
<td>Libya</td>
<td>Peru</td>
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<td>(Plurinational State of)</td>
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<td>Philippines</td>
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<td>Singapore</td>
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1. Did you ever receive a BCG vaccine as a child? [ ] Yes [ ] No [ ] Unsure

2. Have you ever had close contact with persons known or suspected to have active TB disease? [ ] Yes [ ] No

3. Have you ever had a history of a positive PPD skin test? [ ] Yes [ ] No

4. Were you born in one of the countries or territories listed above that have a high incidence of active TB disease? (If yes, please CIRCLE the country) [ ] Yes [ ] No

5. Are you a recent arrival (<5 years) from one of the high prevalence areas listed above? If YES please indicate date of arrival: / / [ ] Yes [ ] No

6. Have you had frequent or prolonged visits (for more than one month) to one or more of the countries or territories listed above with a high prevalence of TB disease? (If yes, CHECK the country/territories) [ ] Yes [ ] No

7. Have you been a health care worker, volunteer, resident and/or employee of high-risk congregate settings or served clients who are at increased risk of active TB disease (e.g., correctional facilities, long-term care facilities, homeless shelter, substance abuse treatment, rehabilitation facility)? [ ] Yes [ ] No

8. Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease – medically underserved, low income or abusing drugs or alcohol? [ ] Yes [ ] No

If the answer is YES to any of the above questions, Boston College requires that you receive TB testing as soon as possible but at least prior to the start of the semester. Have your physician complete and return the Tuberculosis (TB) Risk Assessment on pages 2 and 3 with additional testing and/or documentation as needed.

If the answer to all of the above questions is NO, no further testing is required (no need to complete page 2 & 3). IF United States Postal Service Mail to: BOSTON COLLEGE, HEALTH SERVICES Rm. 005, 140 COMMONWEALTH AVE, CHESTNUT HILL, MA 02467

IF FEDEX, UPS or Private Courier Mail to: BOSTON COLLEGE, HEALTH SERVICES Rm. 005, 2150 COMMONWEALTH AVE, BRIGHTON, MA 02135

Page 1 of 3

Rev 4/2016
BOSTON COLLEGE UNIVERSITY HEALTH SERVICES
TUBERCULOSIS (TB) SCREENING/TESTING FORM

Date: ___________________ Name: ________________________________

Eagle ID#: ___________________________ Date of Birth: ___________________________

Cell Phone: ___________________________ Email: ___________________________

TUBERCULOSIS (TB) RISK ASSESSMENT (to be completed by health care provider)
Clinicians should review and verify information on the TB Screening Form. Persons answering YES to any of the questions are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test is documented.

History of a positive TB skin test or IGRA blood test? No _____ Yes _____ (if Yes, and received previous treatment complete the TB Symptom Check and the Medication Section)

History of BCG vaccination? (If yes, consider IGRA if possible.) Yes _____ No _____

1. TB Symptom Check
Does the student have signs or symptoms of active pulmonary tuberculosis disease? Yes _____ No _____
If No, proceed to 2 or 3
If yes, check below:
☐ Cough (especially if lasting for 2-3 weeks or longer) with or without sputum production
☐ Coughing up blood (hemoptysis)
☐ Chest pain
☐ Loss of appetite
☐ Unexplained weight loss, unusual weakness or extreme fatigue
☐ Night sweats
☐ Fever
Proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

2. Tuberculin Skin Test (TST)
(TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write “0”. The TST interpretation should be based on mm of induration as well as risk factors.)*

Date Given: ___/___/___ Date Read: ___/___/___
M D Y M D Y

Result: ______ mm of induration **Interpretation (please refer to interpretation guidelines): positive ______ negative ______
(If positive Chest X-Ray Required see pg 3 of 3)

**Interpretation guidelines

>5 mm is positive:
☐ Recent close contacts of an individual with infectious TB
☐ persons with fibrotic changes on a prior chest x-ray, consistent with past TB disease
☐ organ transplant recipients and other immunosuppressed persons (including receiving equivalent of >15 mg/d of prednisone for 1 month or more)
☐ HIV-infected persons

>10 mm is positive:
☐ recent arrivals to the U.S. (<5 years) from high prevalence areas or who resided in one for a significant* amount of time
☐ injection drug users
☐ mycobacteriology laboratory personnel
☐ residents, employees, or volunteers in high-risk congregate settings for example prisons, long term care facilities, health care facilities, homeless shelters, residential facilities for patients with HIV/AIDS
☐ persons with medical conditions that increase the risk of progression to TB disease including silicosis, diabetes mellitus, chronic renal failure, certain types of cancer/hematologic disorders (leukemias and lymphomas, cancers of the head, neck, or lung), gastrectomy or jejunoileal bypass and weight loss of at least 10% below ideal body weight.
☐ Children < than 4 years of age or infants, children and adolescents exposed to adults at high-risk

>15 mm is positive:
☐ persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested.
* The significance of the travel exposure should be discussed with a health care provider and evaluated.

Health Care Provider’s Signature: ________________________________ (Continue on page 3)
BOSTON COLLEGE UNIVERSITY HEALTH SERVICES
TUBERCULOSIS (TB) SCREENING/TESTING FORM

Date: __________ Name: ____________________________ Last ____________ First __________

Eagle ID#: ____________________________ Date of Birth: ____________________________

Cell Phone: ____________________________ Email: ____________________________

3. Interferon Gamma Release Assay (IGRA)
   Date Obtained: __ / __ / __ (specify method) QFT-GIT T-Spot other __
M D Y
   Result: negative___ positive___ indeterminate___ borderline___ (T-Spot only)

4. Chest x-ray: (Required if TST or IGRA is POSITIVE)
   Date of chest x-ray: __ / __ / __ Result: normal___ abnormal___
M D Y

TUBERCULOSIS (TB) RISK ASSESSMENT Management of Positive TST or IGRA

All students with a positive TST or IGRA with no signs of active disease on chest x-ray should receive a recommendation to be treated for latent TB with appropriate medication. However, students in the following groups are at increased risk of progression from LTBI to TB disease and should be prioritized to begin treatment as soon as possible.

☑ Infected with HIV
☑ Recently infected with M. tuberculosis (within the past 2 years)
☑ History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease
☑ Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation
☑ Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung
☑ Have had a gastrectomy or jejunooileal bypass
☑ Weigh less than 90% of their ideal body weight
☑ Cigarette smokers and persons who abuse drugs and/or alcohol

• Populations defined locally as having an increased incidence of disease due to M. tuberculosis, including medically underserved, low income populations

MEDICATION SECTION:

Was the patient educated and counseled on latent tuberculosis and advised to take medication because of the positive results? NO ______ YES _______

_______ Patient agrees to receive treatment

If yes, what medication(s) was prescribed? ____________ Date Started: __ / __ / __ Date Ended: __ / __ / __

_______ Patient declines treatment at this time

HEALTH CARE PROVIDER

Name ____________________________ Signature ____________________________

Address ____________________________

Phone ( ) ____________________________

Please Return Form(s) to:

IF United States Postal Service Mail to:
BOSTON COLLEGE, HEALTH SERVICES Rm. 005, 140 COMMONWEALTH AVE, CHESTNUT HILL, MA 02467

IF FEDEX, UPS or Private Courier Mail to:
BOSTON COLLEGE, HEALTH SERVICES Rm. 005, 2150 COMMONWEALTH AVE, BRIGHTON, MA 02135
What is meningococcal disease?
Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue (the “meninges”) that surrounds the brain and spinal cord and cause meningitis, or they may infect the blood or other body organs. In the US, about 1,000-1,200 people per year get meningococcal disease and 10-15% die despite receiving antibiotic treatment. Of those who survive, 11-19% may lose limbs, become hearing impaired or deaf, have problems with their nervous system, including long-term neurologic problems, or have seizures or strokes.

What are *Neisseria meningitidis*?
*Neisseria meningitidis* are bacteria that may be found normally in people’s throats and noses. About 5 to 15% of people carry these bacteria and do not get sick from them. These people may be called “carriers.” Carriers only have bacteria for a short time. Usually, the bacteria go away and these people may have increased resistance to infection in the future. In rare cases, the bacteria may get into the blood and go to the tissue surrounding the spinal cord and brain, causing severe illness.

What are the symptoms of meningococcal disease?
Signs and symptoms of meningococcal disease include a sudden onset of fever, stiff neck, headache, nausea, vomiting, and/or mental confusion. Changes in behavior such as confusion, sleepiness, and unresponsiveness are important symptoms of illness. A rash may also be present. Anyone who has these symptoms should be seen by a healthcare provider immediately.

How are the bacteria spread?
These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person’s saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of an infected person who is coughing or sneezing.

Who is at most risk for meningococcal disease?
High-risk groups include anyone with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited immune disorder), HIV infection, those traveling to countries where meningococcal disease is very common, microbiologists and people who may have been exposed to meningococcal disease during an outbreak. People who live in certain settings such as college freshmen living in dormitories and military recruits are also at greater risk of disease from some serotypes.

Are students in college at risk for meningococcal disease?
College freshmen and other newly enrolled college students, living in dormitories and other congregate living situations (such as fraternities and sororities), are at an increased risk for meningococcal disease caused by some of the serogroups contained in the quadrivalent vaccine, as compared to individuals of the same age not attending college. The closed setting, combined with certain behaviors (such as alcohol consumption, exposure to cigarette smoke, sharing food or beverages, and activities involving the exchange of saliva), may put college students at a greater risk.
for infection. The risk of meningococcal disease for other college students, in particular older students and students who do not live in congregate housing, is not increased.

In general, the risk of invasive meningococcal B disease is not increased among college students relative to others of the same age not attending college. However, outbreaks of meningococcal B disease do occur, though rarely, at colleges and universities. Vaccination of students with meningococcal B vaccine may be recommended during outbreaks.

**Is there a vaccine against meningococcal disease?**

Yes, quadrivalent meningococcal polysaccharide and meningococcal conjugate vaccines protect against four serotypes (subgroups), A, C, W, and Y, of meningococcal disease, and meningococcal B vaccines protect against serogroup B disease.

- Quadrivalent meningococcal conjugate vaccine (Menactra and Menevo) is recommended for children 11-12 years of age and for some younger children with certain health conditions like asplenia (including sickle cell disease), or prior to travel to certain parts of the world where meningococcal disease is common. Students 16-18 years of age should receive a booster dose or their first dose if they have not yet been vaccinated. College freshmen, military recruits and other newly enrolled college students living in dormitories who are not yet vaccinated are also recommended to receive meningococcal conjugate vaccine.

- Meningococcal serogroup B vaccines (Bexsero and Trumenba) protect against serogroup B meningococcal disease, and are only recommended for people with certain relatively rare high risk health conditions and occupational risks (examples: persons with a damaged or missing spleen or whose spleen has been removed; those with persistent complement component deficiency; those traveling to countries where meningococcal disease is very common; microbiologists working with *N. meningitidis*; and people who may be exposed during an outbreak). They also may be used in other adolescents and young adults aged 16-23 based on clinical judgment.

- Quadrivalent meningococcal polysaccharide vaccine (Menomune) is recommended for certain high-risk adults over age 55.

For questions about any of these vaccines, talk to your healthcare provider.

**How complete is the protection with the vaccine?**

The incidence of meningococcal disease of all serogroups has been declining in the U.S. since the late 1990s, in part due to vaccination. Strains C, W and Y, which are included in quadrivalent meningococcal conjugate vaccine, account for 73% of meningococcal disease among people > 11 years in the U.S. Because effectiveness of quadrivalent meningococcal conjugate vaccine wanes over time, a booster is recommended at age 16, after the initial dose at age 11-12. This protects young people during their late teens and early twenties, when they are most at risk. Unfortunately, no vaccine is 100% effective in preventing disease. If your child is exposed to meningococcal disease, antibiotics may be recommended to keep your child from getting sick.

Meningococcal B vaccines are expected to provide short-term protection against most strains of serogroup B meningococcal disease. Studies are being conducted to verify and further describe the effectiveness of these vaccines.
Is the meningococcal vaccine safe?
A vaccine, like any medicine, is capable of causing allergic reactions. The risks associated with receiving meningococcal vaccine are much less than the risk of meningococcal disease. Some people who get this vaccine have mild side effects, such as redness or pain where the shot was given. Local reactions are more common in those receiving meningococcal conjugate vaccine. These symptoms usually last for 1-2 days. A small percentage of people who receive the vaccine develop fever. The vaccine can be given to pregnant women.

Are students required to get meningococcal vaccine before college?
Massachusetts law requires newly enrolled full-time students attending colleges and schools with grades 9-12, who will be living in a dormitory or other congregate housing, licensed or approved by the school or college, to receive quadrivalent meningococcal vaccine. These students must provide documentation of having received a dose of quadrivalent meningococcal polysaccharide vaccine within the last 5 years (or a dose of quadrivalent meningococcal conjugate vaccine at any time in the past). Immunizations should be obtained prior to enrollment or registration; however, students may be enrolled or registered provided that the required immunizations are obtained within 30 days of registration. There is no requirement for meningococcal B vaccination.

The law contains exemptions. Students may begin classes without a certificate of immunization against meningococcal disease if: 1) the student has a letter from a physician stating that there is a medical reason why he/she can’t receive the vaccine; 2) the student (or the student’s parent or legal guardian, if the student is a minor) presents a statement in writing that the vaccination is against his/her sincere religious belief; or 3) the student (or the student’s parent or legal guardian, if the student is a minor) signs a waiver stating that the student has received information about the dangers of meningococcal disease, reviewed the information provided and elected to decline the vaccine. More information may be found in the MDPH document “Information about Meningococcal Disease and Vaccination and Waiver for Students at Residential Schools and Colleges.”

While not required, as of October 2010, the Advisory Committee on Immunization Practices (ACIP) recommends anyone up to 21 years of age who is entering college receive a dose of quadrivalent meningococcal conjugate vaccine within 5 years of enrollment. College students who do not live in campus-related housing and want to reduce their risk for meningococcal disease may also choose to be vaccinated, though it is not required.

Where can a college student get vaccinated?
Students and their parents should discuss meningococcal disease, the benefits and risks of vaccination and the availability of vaccine with their healthcare provider.

Where can I get more information?
- Your healthcare provider
- The Massachusetts Department of Public Health, Division of Epidemiology and Immunization at (617) 983-6800 or toll free at (888) 658-2850 or on the MDPH website at http://www.mass.gov/dph/
- Your local health department (listed in the phone book under government)